

STATE PREVENTION SYSTEM

Structure and Organization

The Bureau of Drug and Alcohol Programs (BDAP), located within the Pennsylvania Department of Health, is the Single State Authority for drug and alcohol programs. The Bureau has overseen a major statewide transformation in moving drug and alcohol primary prevention from a fragmented, activity-driven process to a performance/outcomes system based on researched methodologies for reducing risk factors that contribute to substance abuse. As the main point of contact for substance abuse prevention, intervention, and treatment services, BDAP is authorized to receive and administer Substance Abuse Prevention and Treatment (SAPT) Block Grant funds. BDAP's responsibilities include:

- Providing State and Federal funding to 49 Single County Authorities (SCAs).
- Developing a State Plan that includes prevention.
- Treatment, inclusive of managed care, behavioral health, and case management initiatives.
- Collecting substance abuse statistics.
- Promulgating regulations.

BDAP is comprised of three Divisions:

- Division of Prevention
- Division of Treatment
- Division of Quality Assurance

Sections involving Grants Management, Policy, and Data/Training report directly to BDAP's Director.

A team of four professional staff members in the Division of Prevention is charged specifically with overseeing statewide performance- and outcomes-based prevention activities, which were implemented in State Fiscal Year 1996-97. The Division's Director reports directly to the Director of BDAP, who in turn is directly accountable to the Deputy Secretary for Public Health Programs.

The majority of monies received by BDAP through the SAPT Block Grant is allocated by contract to the 49 SCAs – which cover the Commonwealth's 67 counties – for local prevention, intervention, and treatment services. Block Grant monies, in combination with the State appropriation to the SCAs,* are based upon county population. The SCAs manage and contract with approved, licensed providers to deliver services within their unique service areas. BDAP requires the SCAs to provide collaborative, culturally relevant prevention strategies within each of the six Federal strategy areas (i.e., information dissemination, education, alternatives, community-based mobilization, problem identification and referral, and environmental initiatives). BDAP encourages the SCAs to continue to replicate best practices and to prioritize program services in relation to specific risk factors and community needs.

STATE PREVENTION INVENTORY - PENNSYLVANIA PROFILE

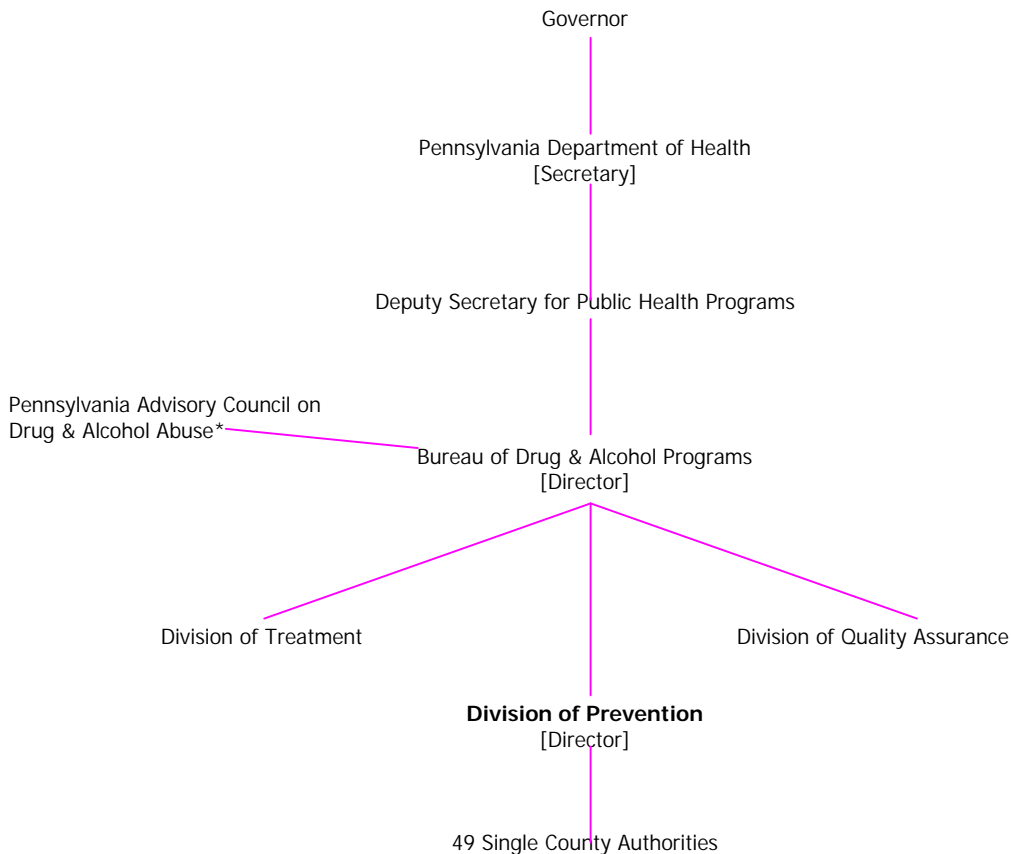
The Commonwealth also purchases needed prevention services through a Request for Proposals (RFP) process. Services obtained in this manner include:

- Training projects
- Interdepartmental initiatives
- Projects in areas lacking an approved SCA

The Pennsylvania Advisory Council on Drug and Alcohol Abuse is comprised of ten Governor-appointed members and is chaired by the Secretary of the Department of Health. The Council establishes funding priorities for drug and alcohol programs; advises BDAP on the allocation of alcohol, tobacco and other drug (ATOD) funds; and develops policies concerning the distribution of ATOD-related data and statistics.

*State funds for the SCAs consist of State general funds, fees generated by the Liquor Control Board (LCB), and funding provided under Act 152 for the Medical Assistance-eligible population.

Organizational Chart



* Members of the Council are Governor-appointed. The Council is chaired by the Secretary of the Department of Health.

STATE PREVENTION INVENTORY - PENNSYLVANIA PROFILE

FUNDING AND RESOURCES

Year (FFY)	State Funding	SAPT Funding	20% Set-aside
1993	\$6,033,073	\$49,068,046	\$10,316,395
1994	7,354,170	49,158,719	12,037,132
1995	7,331,516	52,546,450	10,509,533

Allocation of Funds

CSAP Strategy	FFY 1993	FFY 1994	FFY 1995
Information Dissemination	\$1,031,066	\$540,739	\$191,966
Education	7,762,172	9,282,457	8,646,969
Alternatives	0	0	0
Problem Identification and Referral	1,103,885	1,713,522	1,339,425
Environmental	0	0	0
Community-based Process	419,272	500,414	331,173
Other	0	0	0

Resource Spending*	FFY 1993	FFY 1994	FFY 1995
Planning, Coordination, and Needs Assessment	\$463,407	\$324,670	\$223,922
Quality Assurance	1,233,996	1,232,487	61,944
Training (post-employment)	357,757	485,986	171,438
Education (pre-employment)	0	66,600	20,000
Program Development	941,050	1,022,951	332,500
Research and Evaluation	354,116	268,918	0
Information Systems	374,883	654,200	20,294

*Figures listed for FFY 1993-94 represent totals for Prevention and Treatment; in those years Prevention and Treatment expenditures were not itemized separately. Figures for FFY 1995 represent strictly Prevention. In addition, these expenditures fell outside the set-aside.

Substate entities receiving set-aside funds for prevention service delivery

- 49 Single County Authorities (SCAs)

Average amount of grant/contract:

- FFY 1993 - \$55,329
- FFY 1994 - \$62,221
- FFY 1995 - \$21,429

Per-capita 20% set-aside spending (population):

- FFY 1993 - \$0.86
- FFY 1994 - \$1.00
- FFY 1995 - \$0.87

Staff/Volunteers designated and supported by set-aside funding and level:

- FFY 1993 -
 - State: 4 FTE/0 Volunteers
 - Regional: N/A*
 - Local: N/A
- FFY 1994 -
 - State: 4 FTE/0 Volunteers
 - Regional: N/A
 - Local: N/A
- FFY 1995 -
 - State: 4 FTE/0 Volunteers
 - Regional: N/A
 - Local: N/A

*Data not available from State.

STATE CONTACT

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STATE PREVENTION INVENTORY - PENNSYLVANIA PROFILE

PROGRAMS AND SERVICES

Definition of Prevention:

Pennsylvania adheres to a general definition of prevention:

"Prevention is planned strategies designed to preclude or reduce the use of drugs and alcohol which have a negative impact on the individual, the family and the larger society."

In addition, the Commonwealth utilizes a performance-based definition of prevention:

"Prevention is a proactive process which empowers individuals and systems to deal constructively with potentially difficult life situations, to keep healthy people healthy and to bolster the strength of those at risk. It requires that a *measurable, risk-based* series of collaborative, culturally relevant strategies be employed within the areas of information dissemination, education, alternative activities, problem identification and referral, community-based process and environmental prevention."

Does the State have prevention plan?

Yes, it is contained within the overall State Plan, and is updated annually.

- Adult and juvenile criminal justice clients
- Mentally ill substance abusers

Target populations for prevention services:

- African Americans
- Latinos
- Adolescents
- Pregnant and post-partum women
- Women and children

Total Number served:

- FFY 1993 – N/A*
- FFY 1994 – N/A
- FFY 1995 – 2,000,000

*Data not available from State.

Programs funded:

Type	Number of Programs/Number Served			Programs***
	FFY 1993	FFY 1994	FFY 1995**	
Information dissemination	N/A ^o	N/A	41/N/A	University of Pittsburgh MAPS Program; Whale's Tale; Allegheny Valley; Mon-Yough D&A Services; other general activities include media campaigns, publications, posters, research materials, and videos; statewide clearinghouse; speakers bureaus; Red Ribbon Campaigns; Health Fairs; Holiday Prevention events

STATE PREVENTION INVENTORY - PENNSYLVANIA PROFILE

Type	Number of Programs/Number Served			Programs
	FFY 1993	FFY 1994	FFY 1995	
Education	N/A/1,200 ♦♦	N/A	66/N/A	University of Pittsburgh MAPS Program; Whale's Tale; Turtle Creek Valley; Project Rediscovery; St. Francis; Homewood-Brushton; other general activities include Spring/Fall Institutes (professional training); parenting education; peer leadership/mediation programs; after-school programs; teacher training
Alternative activities◊◊	0	0	31/N/A	Whale's Tale; Project Rediscovery; other general activities include summer recreational/sports activities and entrepreneur activities; sports/arts/music/dance programs
Problem identification and referral	N/A	N/A	38/13,973*	University of Pittsburgh MAPS Program; other general activities include PA Student Assistance Program (statewide); Instructional Support Team programs; employee assistance programs
Community-based process	N/A/535♦	N/A	39/N/A	Northern/Southwest; Turtle Creek; Allegheny Valley; other general programs include "Celebration of Visions Through Commitment" ♦; community team building; better linkage of prevention programs
Environmental◊◊	0	0	21/N/A	Whale's Tale; St. Francis; Allegheny Valley; other general activities include provider/advocate/government collaborations to enforce ATOD availability/sale/consumption laws; sting operations

* Number of students assessed in the Pennsylvania Student Assistance Program during State Fiscal Year 1995-96.

** Number of programs according to Department of Health's Substance Abuse Prevention and Early Intervention Services Annual Report (State Fiscal Year 1995-96). Numbers reflect BDAP-approved prevention providers, who receive a combination of Federal and State funds via the Commonwealth's 49 SCAs.

*** Unless otherwise indicated, programs listed fall under the Allegheny County SCA. This particular SCA represents the second most populous county in the Commonwealth.

♦ "Celebration of Visions Through Commitment" is a community development model used to train community representatives in prevention skills and coalition building. In FFY 1993, 535 representatives from community organizations statewide attended the training.

♦♦ Number of participants attending Spring and Fall Institutes.

◊ Data not available from State.

◊◊ No set-aside funds were used to fund activities in the "Alternatives" and "Environmental" categories.

DATA COLLECTION ACTIVITIES

Results currently available on prevention programs funded by the 20% set-aside (including needs assessment and data collection activities):

In 1995, the Bureau of Drug and Alcohol Programs (BDAP) began researching procedures for measuring short- and long-term outcomes of prevention services supported with Federal, State, and local funds. The purpose of this mission was to initiate scientifically-based processes which can measure reduction of risk factors identified in local communities as severely contributing to substance abuse. The process developed by BDAP incorporated the latest researched technology in assessing, planning, delivering, and evaluating science-based prevention services that build resiliency with targeted populations identified as being highest at risk for substance abuse by localized needs/risk assessments.

Beginning in July 1996, all Single County Authorities (SCAs) and their contracted providers were trained in the Performance/Outcomes-Based Prevention Model and initiated the first needs/risk assessments to determine localized risk factors within their service areas. Using the Community Oriented Needs Assessment (CONA) format, Key Informant, and Statistical/Demographic components, each SCA surveyed its local community in determining the severity of 23 researched risk factors and obtained baseline data related to its indicators of risk. The risk factors (listed in the Endnotes) were assessed by Key Informants and presented to the SCAs to develop priorities and to establish long-term measurable goals for reducing these factors within targeted populations and communities they serve.

Applying science-based approaches, SCAs, in collaboration with contracted providers, community service agencies, and schools, have developed County Plans containing measurable goals, objectives, and program services which build protective factors and resiliency toward reducing risks associated with substance abuse. The plans are submitted to BDAP for review and approval; subsequent technical assistance is provided to ensure that all plans meet with the requirements set forth by BDAP for achieving short- and long-term measurable outcomes. In July 1997, all 49 SCA Plans were implemented. The SCAs (and local providers) were directed by the State agency to track all activities and services using the Center for Substance Abuse Prevention's (CSAP) Minimum Data Sets within the six Federal categories of prevention. Concurrently, BDAP implemented on-site Quality Assurance Reviews of the SCAs to identify areas of progress, technical assistance and training needs, and quality improvements needed to meet short-term objectives and long-term goals.

In January 1998, BDAP implemented an automated management information system (MIS) which linked CSAP Minimum Data Sets to each objective and long-term goal identified by each SCA. This multi-user system for unduplicated data is capable of measuring the quantitative and qualitative program service data and allows SCAs and service providers to measure progress in their delivery of services. The Performance Based Prevention Management Information System (PBPMS) is currently being used by SCAs to capture data on all prevention services for State Fiscal Year 1998. Effective August 1, 1998, service providers will begin generating monthly reports to SCAs; SCAs will aggregate the data and begin generating quarterly reports to BDAP. This innovative process will allow the SCAs and BDAP to document, monitor, analyze, and evaluate prevention program services. They will also be able to identify needs in program improvement, training, and technical assistance.

SUPPORT SERVICES

Training and Technical Assistance:

Training

Prevention training is available on an on-going basis to SCAs and their contracted providers through BDAP's On-Site Training Program. As requests for training are received, staff in the Division of Prevention select appropriate trainers who contract with BDAP to conduct on-site or regional workshops to fulfill the needs of the requestor agencies. BDAP also provides week-long Spring and Fall Institutes that are open to all professional and community prevention agency personnel including those located in schools, the juvenile justice system, drug and alcohol programs, and highway safety and injury prevention programs. Trainings are designed to educate professionals on effective methodologies and science-based strategies that support State and Federal prevention guidelines. An annual conference, presented by the Commonwealth Prevention Alliance and supported in part by BDAP, draws several hundred professional and community providers from all disciplines of prevention throughout the Commonwealth. State-of-the-art workshops range from prevention ethics and outcome-based strategies to plenary sessions and panel presentations on community development and environmental issues conducted by nationally-known professionals.

Pennsylvania is among six States currently working with CSAP in assessing prevention training needs through a Workforce Development Initiative that is being implemented statewide by 2000. The anticipated outcome for this initiative is to enhance the competencies of professionals, community grassroots staff, and volunteers working in the field of prevention. The initiative focuses on:

- Development of courses to achieve International Certification Reciprocity Consortium (ICRC) competencies within three levels of prevention (basic, intermediate, and advanced).
- On-going, cost-effective delivery of courses, affordable to the prevention field, through local and regional community colleges, universities, and State facilities.
- Expansion of certification levels to include staff and volunteers working with community grassroots organizations.

Technical assistance

Technical assistance is provided to SCAs and their contracted prevention providers directly by BDAP prevention staff and contracted consultants. SCA Quality Assurance Reviews, conducted by BDAP staff, identify technical assistance needs. Technical assistance is also provided to 38 Community-That-Care projects, Safe and Drug-Free Schools and Communities programs in 501 school districts, and other health and juvenile justice initiatives.

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Certification Activities:

Certification is conducted by an independent entity, the Pennsylvania Chemical Abuse Certification Board (PCACB). Currently, the three levels of prevention offered to professionals in prevention are:

- Associate Prevention Specialist I
- Associate Prevention Specialist II
- Certified Prevention Specialist

Endnotes

Domains and risk factors measured by Pennsylvania's Performance/Outcomes-Based Prevention Model, implemented by the Bureau of Drugs and Alcohol, are listed below.

<u>Domain</u>	<u>Risk factor</u>
Community	Economic and social deprivation Low neighborhood attachment and community disorganization Availability of alcohol, tobacco, and other drugs (ATOD) Community norms and laws that facilitate use of ATOD
School	Lack of clear, enforced policy on the use of ATOD Availability of ATOD school transitions Academic failure Lack of student involvement Little commitment to school
Individual and peer	Early antisocial behavior Alienation and rebelliousness Antisocial behavior in later childhood and early teens Favorable attitudes toward drug use Susceptibility to peer influence Friends who use ATOD
Family	Lack of clear behavioral expectations Lack of monitoring supervision Lack of caring Inconsistent or excessively severe discipline Parental positive attitudes toward ATOD abuse Low expectations for children's success History of alcohol and other drug use